

GLOBAL AIDS RESPONSE PROGRESS REPORTING (GARPR) 2018 – COUNTRY PROGRESS REPORT SINGAPORE

Reporting period: 2014 – 2018

Submission date: May 2019

I. Status at a glance

In summary:

	2014	2015	2016	2017	2018
Number of newly diagnosed HIV cases	456	455	408	434	313
Number of PLHIV	4948	5324	5660	6022	6261
Known HIV Prevalence in resident population aged 15 and above	0.15%	0.16%	0.17%	0.18%	0.18%

II. Overview of the HIV/AIDS epidemic

The first case of HIV was diagnosed in Singapore in 1985. Since then, the number of HIV notifications among Singapore residents has increased from 2 in 1985 to a cumulative total of 8,295 as of 31 Dec 2018. Of these, 2,034 (25%) have died.

The prevalence of known PLHIV among the resident population aged 15 years and above was 0.18% in 2018.

The number of newly-diagnosed cases in 2018 was 313, compared to 434 cases in 2017.

HIV cases in Singapore were predominantly male. As at end Dec 2018, there were 7,577 males and 718 females reported to be HIV-infected, giving a ratio of eleven males to one female.

Sexual intercourse was the main mode of transmission of HIV in Singapore. In 2018, 43% of the 313 new HIV cases acquired the infection through sexual

intercourse with heterosexual contacts, and 52% through intercourse with homosexual and bisexual contacts.

The following table summarises the figures over the past four years:

	2015	2016	2017	2018
Total number of diagnosed cases	455	408	434	313
Gender				
- Male	423	380	408	290
- Female	32	28	26	23
Mode of transmission				
- Heterosexual	173	148	155	135
- Homosexual	232	213	218	131
- Bisexual	35	28	44	32
- Intravenous drug use	4	4	0	1
- Perinatal	0	2*	1*	0
- Uncertain/Others	11	13	16	14

* Transmission occurred overseas.

57% of the newly diagnosed cases were detected in the course of medical care provision. Such cases are typically at the late stage of their HIV infection¹. Another 22% were detected during routine programmatic HIV screening, and 14% were detected through self-initiated HIV screening i.e. voluntary screening. Cases detected via voluntary screening were more likely to be at the early stage of their infection. When differentiated by mode of sexual transmission, a higher proportion of homosexuals/bisexuals cases (20%) were detected via voluntary screening compared to heterosexual cases (9%).

III. National response to the HIV/AIDS epidemic

The Ministry of Health (MOH), Singapore, retains oversight of the HIV/AIDS prevention and control programme, with active involvement from other relevant government agencies as well as community and private sector groups in Singapore. The programme focuses on HIV education and prevention for the general population as well as specific at-risk groups, reducing the pool of undiagnosed HIV-infected individuals, and providing care and support to those living with HIV/AIDS. To further enhance the surveillance and control of HIV, MOH set up the National Public Health Unit in September 2008. This unit was responsible for maintaining and enhancing the National HIV Registry, carrying out contact tracing and partner notification for newly-diagnosed HIV patients, and

¹ Defined by CD4+ cell count of less than 200 per cu mm OR AIDS-defining opportunistic infections OR both.

conducting HIV-related public health research. In 2018, the Unit was expanded into the National Public Health & Epidemiology Unit at the National Centre for Infectious Diseases, for better integration with HIV prevention and clinical care.

There are ongoing national efforts to increase access to HIV prevention, education, testing, care and support.

(a) HIV/AIDS Education

General Population

HIV/AIDS prevention and education is the mainstay of the national HIV/AIDS control programme in Singapore. Education is targeted at both the general population and those at high risk of infection. Educational messages for the general population are focused on the avoidance of pre-marital and casual sex, and sex with commercial sex workers. The use of condoms is emphasised to those at risk. Campaigns are also conducted to promote protective behaviours, such as consistent condom use and regular / early testing for those at-risk.

Youth

Information on Sexually Transmitted Infections (STIs) and HIV/AIDS is provided to youths through curriculum and co-curriculum programmes in schools. In the curriculum, students learn about STIs and HIV/AIDS through lower-secondary (13-14 years old) Science as well as upper-secondary (15-16 years old) Biology lessons.

Leveraging on a multi-agency approach, the Ministry of Education, Ministry of Health and Health Promotion Board (HPB) developed and implemented a co-curriculum programme titled “Empowered Teens” (eTeens). eTeens is a staple sexuality education programme targeting students aged 15 to 17 years. Students learn about the different STIs including HIV, the consequences of infection, and the effective modes of protection from a health perspective. Life skills, such as the ability to be assertive and make sound decisions in order to say “no” to casual sex, are also taught. Apart from developing programmes for mainstream students, HPB has also developed and implemented a programme for vulnerable youths.

High-Risk groups

Key Risk Groups include

- (a) Men who have sex with Men
- (b) Men who buy sex from commercial sex workers
- (c) Commercial sex workers

Special education programmes are carried out for commercial sex workers to educate them on STIs and HIV, modes of transmission and to promote the use of condoms and regular HIV testing.

Specific educational programmes targeting men who purchase sex from commercial sex workers, and men who have sex with men (MSM) have also been implemented, in collaboration with community-based organizations.

Workplace

HPB has partnered the Singapore National Employers Federation (SNEF) to leverage their business affinity in the rolling out of the Workplace Infectious Disease Education (WIDE) programme to companies. WIDE comprises talks, workshops and roadshows, all of which provide information on the prevention and management of infectious diseases and covers other infectious diseases, such as tuberculosis and influenza, in addition to HIV/AIDS.

(b) Increased HIV testing efforts

(i) Anonymous Testing

Anonymous HIV Testing is available to encourage those at risk to come forward for testing without needing to identify themselves to medical personnel. There are a total of ten anonymous HIV test sites in Singapore. The number of anonymous HIV tests has been increasing since the anonymous testing was first introduced in Singapore. The number of anonymous tests increased by nearly 50% (from 11,200 in 2012 to 16,500 in 2018). During the period between 2012 and 2018, more than 100,000 anonymous HIV tests were carried out, of which 1 – 1.6% were HIV-positive.

(ii) Voluntary opt-out HIV testing among hospital inpatients

In view of the US CDC recommendations that voluntary opt-opt screening for HIV infection be performed routinely for all patients aged 13-64 years in all healthcare settings, as a normal part of medical practice,² voluntary opt-out HIV screening is implemented in all other acute public sector hospitals for hospital inpatients aged 21 years and above. The objective of this programme is to give inpatients an opportunity to have HIV screening done as part of the routine medical care they receive during their stay in hospitals, and so facilitate earlier detection of HIV infection. During the period of 2012 – 2018, more than 200,210 HIV screening tests were done under this programme, of which 0.11 - 0.33% were HIV-positive.

² Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings. CDC MMWR September 22, 2006 / Vol. 55 / No. RR-14.

(c) Care, Support and Treatment of the HIV-infected

The majority of HIV cases are managed in the National Centre for Infectious Diseases (NCID) by a multi-disciplinary team that provides medical, nursing, social, counselling and other support. Contact tracing and partner notification for sexual partners of HIV-infected persons are carried out jointly by the National Public Health & Epidemiology Unit and the treating clinic.

HIV/AIDS patients have access to subsidised inpatient and outpatient care. This includes hospital, radiological and laboratory charges, treatment of complications with standard drugs and consultation fees. Patients are allowed to withdraw up to S\$550 per month from their Medisave accounts for anti-retroviral (ARV) drugs. From 1 February 2010, Medifund assistance was extended to HIV treatment. From 2014, ARV drugs for HIV treatment have also been subsidised for lower- to middle-income patients at public hospitals and institutions, if the drugs have been assessed to be clinically necessary and appropriate for treatment.

(d) Legislation

Under the Infectious Diseases Act (IDA), a person who has reason to believe that he has, or has been exposed to a significant risk of contracting HIV/AIDS, must take reasonable precautions to protect his sexual partner, such as by using condoms, even if he is ignorant of his HIV-positive status. Alternatively, he can go for a HIV test to confirm that he is HIV-negative. Otherwise, he must inform his partner of the risk of contracting HIV infection from him prior to engaging in sexual intercourse, leaving the partner to voluntarily accept the risk, if he or she so wishes.

It is also an offence for a HIV-infected person to:

- a) knowingly donate blood or commit any act likely to spread disease; and
- b) have sex with another person unless the partner has been informed of the risk of infection prior to intercourse AND voluntarily accepts the risk.

IV. Best practices

Recognising that the prevention and control of HIV requires a multi-agency effort involving stakeholders; a National HIV/AIDS Policy Committee was formed in 2006. The current chairperson is Dr Amy Khor, Senior Minister of State for Health and the committee comprises stakeholders from relevant ministries and government agencies, healthcare institutions, and the civil society. The Committee formulates national policies and provide strategic directions to prevent and control the disease.

V. Major challenges and remedial actions

After more than 20 years of the HIV/AIDS epidemic in Singapore, HIV-related stigma and discrimination remains a significant challenge. The Ministry of Health, Health Promotion Board, and community partners have stepped up efforts to address stigma and discrimination towards people living with AIDS, for example, through the broadcast of a television drama serial, workplace education programmes, and experiential roving exhibitions that reached out to the general public.

Another challenge is to reduce the proportion of HIV-infected individuals who are unaware of their infection. The government and community partners have been working together to promote the HIV testing message to the general community, as well as to those at higher risk of infection, particularly among high-risk heterosexual men and MSM. Furthermore, accessibility to testing has been enhanced by the initiatives described in Section III(b).

VI. Support from the country's development partners (if applicable)

Not applicable.

VII. Monitoring and evaluation environment

Biological and behavioural HIV surveillance is carried out by the Ministry of Health, the National Public Health & Epidemiology Unit, and the Health Promotion Board in conjunction with healthcare, community and academic partners. These include case surveillance, unlinked surveillance in target sentinel groups, and surveys of population groups on HIV-related risk behaviours.

HIV is a legally notifiable disease in Singapore. The National HIV Registry receives HIV notifications from clinicians and laboratories. The national HIV data is supplemented by unlinked anonymous surveillance in key populations at high risk of HIV infection i.e. patients with sexually transmitted infections.

Behavioural surveillance is also carried out through surveys in the general population, as well as in specific population groups (e.g. youths and MSM). Furthermore, periodic research and surveys are carried out to assess the situation in order to better inform HIV prevention and control policies and interventions.